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SEP 23 2004

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26574 7590 07/15/2004
**SCHIFF HARDIN, LLP
PATENT DEPARTMENT
6600 SEARS TOWER
CHICAGO, IL 60606-6473**
09/24/2004 FFANIA3 00000071 09830239
01 FC:1501 1330.00 OP

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Steven H. Noll		(Depositor's name)
<i>Steven H. Noll</i>		(Signature)
Sept. 20, 2004		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/830,239	08/20/2001	Paul Brand	P01,0178	3292

TITLE OF INVENTION: HOUSING, WITH A TUBULAR CONNECTOR, FOR A HEART STIMULATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$0	\$1330	10/15/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
OROPEZA, FRANCES P	3762	607-037000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

Schiff Hardin LLP

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Jude Medical AB

Järfälla, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee (No small entity discount permitted)

Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature)

(Date)

Steven H. Noll September 20, 2004

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